TODA: TAIO - MICHOL

HAND DELIVERED

FEC FORM 1

Office

Use

Only

STATEMENT OF **ORGANIZATION**

RECEIVED

2015 JAN 30 PM 3: 42

FEC FORM 1 (Revised 06/2012)

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.		ECHAÎL CENTER
Innquation Wation PA	С .			<u> </u>
<u> </u>	·		<u> </u>	<u> </u>
ADDRESS (number and street)	430 Cortland Ave.		: 1	
(Check if address is changed)			<u> </u>	<u> </u>
	San Francisco		CA	94110-
	CfTÝ.▲		STATE	ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	ess			
X ◀ (Check if address is changed)	brsteelel@gmail.c	O	; <u> </u>	1111111111
	Optional Second E-Mail Ad	lidress		ı
			<u>: - </u>	
2. DATE 1 2 3	1 2 0 1 4	 	<u> </u>	
3. FEC IDENTIFICATION N	UMBER ▶ C 0	0564237		
4. IS THIS STATEMENT	NEW (N) OR	X; AMENDED (A)		
certify that I have examined the	us Statement and to the best	t of my knowledge and belief i	t is true,	correct and complete.
Type or Print Name of Treasure	Bill Shireman		 ,	
Signature of Treasurer	1000		Date	01 27 2013
OTE: Submission of false, errone	ous, or incomplete information ANY CHANGE IN INFORMA	may subject the person signing	this State	sment to the penalties of 52 U.S.C. §301 10 DAYS.
Office		For further information	contact:	FFO FORM 4

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

EE(∩ For	1 (Revised 02/2000)	Page 2
	-	rm 1 (Revised 02/2009)	rage Z
		OMMITTEE • Committee :	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	e the candidate
Name o Candida			
Candida Party Af		on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida			
Party	Com	nmittee:	
(d)			mocratic, jublican, etc.) Party.
Politic	al A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is a
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association Co	ooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	Х	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	gated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	und	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
(Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	2. 3.	FEC ID number C	

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138	
3467	

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Write or Type Committee Name	e	
Innovation Nation PA	AC	
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	<u> </u>	
Mailing Address		
		. [-]
	CITY STATE ZI	P CODE
Bulatian Dominia	HOWENING DANSELL DUCKER DELICITIES DELICITICITICA DELICITICA DELIC	arabia BAC Canana
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Leade	iiship FAC Sponsoi
- <u>-</u>		
Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in posse	ssion of committee
Full Name Brendo	n Steple	
Mailing Address	1053 Bush, Street Apt; 10	
		
	San Francisco CA PALO	ــــــا- اور
Title or Position	CITY STATE ZII	P CODE
Manager - Future	500	5, 5, - 2, 0, 2, 5
		
Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name		
	hireman, , , , , , , , , , , , , , , , , , ,	
Mailing Address	430 Cortland Aye, , , , , , , , , , , , , , , , , , ,	
		10 - 1 1 1
Title on Decition		P CODE
Title or Position President; -1 Futur	e 500	5 - 2 10 12 15
- dodated Trucker	-1-1-1 Islebuoue unuber [01010] - [010	1-1 6 10 16 13 1

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<u></u>			
Full Name of			
Designated Agent	Brendon Steele:		
Mailing Address	1053 Bush Street Agt 10		
		1_1_1_1_	
	San Francisco	C A	9, 4, 1, 0, 9-1 , , ,
	CITY	STATE	ZIP CODE
Title or Position			
Manager -	Fµtµre 500 Teleph	one number 8 (8)	0 0 - 6 5 5 - 2 0 2 5
	Depositories: List all banks or other depositories in which the exes or maintains funds.	committee deposits t	funds, holds accounts, rents
Name of Bank, I	Depository, etc.		
			,
	Bank of America ,	<u> </u>	
Mailing Address	433 Cortland Ave.	<u> </u>	
		<u> </u>	11111111
	San Francisco	, CA	9 4 1 1 0 - 1
	CITY	STATE	ZIP CODE
Name of Bank, I	Depository, etc.		
Mailing Address		1_0.1 1 6.4 1	ı
		1.1.1.1.1	

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PREPARER

(8/2013)

Other (Specify):